

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9659</u>	2 Fiscal Year Covered From <u>01/31/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>Jose y Bonilla</u> P O Box Bldg Room No if any Street <u>1987 North Gateway Blvd Ste 105</u> City <u>Fresno Ca</u> State <u>Ca.</u> ZIP Code + 4 <u>93724</u>	4 Name file number and address of labor organization Name <u>Northern Calif Plasterers Joint Appre</u> Labor Organization File Number <u>68-024736</u> P O Box Building and Room Number if any <u>025685</u> Street <u>1556 Overland Court</u> City <u>Sacramento</u> State <u>Calif.</u> ZIP Code + 4 <u>95814</u>
5 Position in labor organization <u>ORGANIZER</u> <u>put info in wrong box.</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u>Executive Plasterers and Cement Masons Local 500</u> Trade Name if any <u>PLASTERERS + Cement Masons</u> P O Box Bldg Room No if any Street <u>703 South B Street, Suite 5761</u> City <u>San Mateo, Ca. 94401</u> State <u>Calif.</u> ZIP Code + 4 <u>94401</u>	7 a Nature of Interest Transaction or Income <u>Wages + Rent + Investment for supplies + Gas</u> 7 b Amount <u>\$649.20</u>

Signature

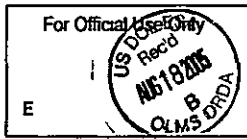
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>Jose Bonilla</u>	On <u>8-12-05</u> Date <u>59-251-8759</u> Telephone Number

# FORM LM-30

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9660</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>Michael D Bjork</u> P O Box, Bldg. Room No. if any Street <u>4454 Sutter Gate Ave</u> City <u>Pleasanton</u> State <u>CA</u> ZIP Code + 4 <u>94566 9549</u>	4 Name file number and address of labor organization Name <u>Lathers Local 684</u> Labor Organization File Number <u>521670</u> P O Box, Building and Room Number if any Street <u>8400 Enterprise Way</u> City <u>Oakland</u> State <u>CA</u> ZIP Code + 4 <u>94621-4836</u>
5 Position in labor organization <u>Vice President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No. if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed <u>Michael D Bjork</u>	On <u>7-12-05</u> Date <u>(925) 426-8684</u> Telephone Number

Name of Person Filing <u>Michael Bjork</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>Lathers Local #898 Trust Fund</u></p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street <u>2850 Collier Canyon Rd</u></p> <p>City <u>Livermore</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>94551-9201</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust <u>It is a trust fund</u></p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>Lathers Local Union #898 Trust Fund</u></p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street <u>2850 Collier Canyon Rd</u></p> <p>City <u>Livermore</u></p> <p>State <u>CA</u> ZIP Code + 4 <u>94551-9201</u></p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 10px; height: 80px; margin: 5px 0;"> <u>Bennett Trust funds</u> </div> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 10px; height: 100px; margin: 5px 0;"> <u>Reimbursement of lost wages and meeting &amp; Educational Expenses</u> </div> <p>12 b Amount <u>\$3,574.<sup>94</sup></u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value <u>\$2,273<sup>94</sup> received 1/3/05 as reimbursement for 11/04 convention trip!</u></p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4 <u>94621-1326</u></p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; margin: 5px 0;"></div> <p>14 b Amount of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	